

**ANNUAL RETURN & RECONCILIATION
GENERAL EXCISE/USE TAX RETURN**

**FOR CALENDAR YEAR _____
OR FISCAL YEAR ENDING ____ / ____ / ____**
MO. DAY YR.

DO NOT WRITE IN THIS AREA

16

NAME:

G.E./USE ID. NO. _____

THIS ANNUAL RETURN MUST BE FILED ON OR BEFORE THE TWENTIETH DAY OF THE FOURTH MONTH FOLLOWING THE CLOSE OF THE CALENDAR OR FISCAL YEAR.

• ATTACH CHECK OR MONEY ORDER AND FORM VP-1 HERE •

SCHEDULE A — ACTIVITIES UNDER CHAPTER 237, HRS — GENERAL EXCISE TAX LAW									
BUSINESS ACTIVITIES	BUS. ACT. CODE	VALUES, GROSS PROCEEDS OR GROSS INCOME a	EXEMPTIONS/DEDUCTIONS (EXPLAIN ON REVERSE SIDE) b	TAXABLE INCOME (Column a minus column b) c	RATE	TAXES d			
WHOLESALE	1				.005			1	
MANUFACTURING	2				.005			2	
PRODUCING	3				.005			3	
SUGAR PROCESSING	4				.005			4	
PINEAPPLE CANNING	5				.005			5	
SERVICES RENDERED FOR (OR TO) AN INTERMEDIARY	6				.005			6	
INSURANCE COMMISSIONS	7				.0015			7	
RETAILING	8				.04			8	
SERVICES INCL. PROFESSIONAL	9				.04			9	
CONTRACTING	10				.04			10	
THEATER AMUSEMENT AND BROADCASTING	11				.04			11	
INTEREST	12				.04			12	
COMMISSIONS	13				.04			13	
TRANSIENT ACCOMMODATIONS RENTALS	14				.04			14	
OTHER RENTALS	15				.04			15	
ALL OTHERS	16				.04			16	
SCHEDULE B — ACTIVITIES UNDER CHAPTER 238, HRS — USE TAX LAW									
IMPORTS FOR RESALE AT RETAIL	17				.005			17	
IMPORTS FOR CONSUMPTION	18				.04			18	
IF YOU DO NOT HAVE ANY GROSS INCOME AND THE RESULT IS NO TAX DUE, ENTER "0" IN EACH COLUMN OF YOUR BUSINESS ACTIVITY(IES) AND LINES 19 AND 31. NATURE OF YOUR BUSINESS				19.	TOTAL TAXES (ADD LINES 1 — 18)			19	
				20a.	PENALTY \$			20	
				20b.	INTEREST \$				
				21.	TOTAL AMOUNT (ADD LINES 19 AND 20)			21	
22.	TOTAL TAXES PAID WITH YOUR MONTHLY, QUARTERLY, OR SEMIANNUAL RETURNS FOR THE PERIOD. EACH MONTHLY, QUARTERLY, OR SEMIANNUAL TAX PAYMENT SHOULD BE LISTED ON THE REVERSE SIDE OF THIS FORM.				22.				
23.	ADDITIONAL ASSESSMENTS PAID FOR THE PERIOD, IF INCLUDED ON LINE 19.				23.				
24.	PENALTIES \$ INTEREST \$ PAID DURING THE PERIOD.				24.				
25.	TOTAL PAYMENTS MADE (ADD LINES 22 — 24).							25	
26.	CREDIT TO BE REFUNDED (LINE 25 MINUS LINE 21).							26	
27.	TAXES DUE AND PAYABLE (LINE 21 MINUS LINE 25).							27	
28.	FOR LATE FILING ONLY →				28a.	PENALTY \$		28	
					28b.	INTEREST \$			
29.	TOTAL AMOUNT DUE AND PAYABLE (ADD LINES 27 AND 28).							29	
30.	PLEASE ENTER AMOUNT OF YOUR PAYMENT (Attach your check or money order payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U.S. bank AND Form VP-1 to Form G-49. Write "GE", the filing period, and your G.E. ID. No. on your check or money order.)							30	
31.	GRAND TOTAL EXEMPTIONS/DEDUCTIONS FROM BACK OF FORM.				31.				

DECLARATION: I declare, under the penalties set forth in section 231-36, HRS, that this return (including any accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith for the tax period stated, pursuant to the General Excise and Use Tax Laws, and the rules issued thereunder. I also reaffirm the statements on my application (as amended).
IN THE CASE OF A CORPORATION OR PARTNERSHIP, THIS RETURN MUST BE SIGNED BY AN OFFICER, PARTNER OR MEMBER, OR DULY AUTHORIZED AGENT.

SIGNATURE

TITLE

DATE

— MAILING ADDRESSES —

OAHU DISTRICT OFFICE
P. O. BOX 1425
HONOLULU, HI 96806-1425

MAUI DISTRICT OFFICE
P. O. BOX 1427
WAILUKU, HI 96793-6427

HAWAII DISTRICT OFFICE
P. O. BOX 937
HILO, HI 96721-0937

KAUAI DISTRICT OFFICE
P. O. BOX 1687
LIHUE, HI 96766-5687

MONTH	AMOUNT	MONTH	AMOUNT	MONTH	AMOUNT	MONTH	AMOUNT
_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____
1st QTR	\$ _____	2nd QTR	\$ _____	3rd QTR	\$ _____	4th QTR	\$ _____
1st SEMIANNUAL PERIOD \$ _____				2nd SEMIANNUAL PERIOD \$ _____			